

Integration Work Sheet No. \_\_\_\_\_

Date: \_\_\_\_\_

Responsible AD: \_\_\_\_\_

Work Acct No. \_\_\_\_\_

1. Responsible Individual:		2. Ext.		3. L-Code:	
4. Authorizing Individual:		5. Facility Point of Contact:		6. ES&H Team Leader:	
7. Authorizing Organization:		8. Intended Start Date:		9. Est. Completion Date:	
10. <input type="checkbox"/> Management chain for proposed activity attached (organizational chart) <input type="checkbox"/> Management chain for proposed activity as follows:					
11. Location of proposed activity (facility/area, room(s), offsite location):					
12. Emergency notification: Name: Work Phone:                      Home Phone:			13. Alternate Emergency notification: Name: Work Phone:                      Home Phone:		
14. Activity/Operation type: <input type="checkbox"/> Attended                      % of time:                      _____ % <input type="checkbox"/> Unattended                      % of time:                      _____ % <input type="checkbox"/> Working Alone                      % of time:                      _____ %					
15. Name of proposed activity/operation/project:					
16. Description of proposed work activity/operation/project:					
17. Names of qualified personnel and/or subcontractors assigned to this proposed activity: (Identify the payroll organization for each individual if different from yours)					

## 18. Associated Hazards—Environment, Safety & Health

### ☐ BIOLOGICAL

- ☐ Infectious materials (pathogens, human tissue & fluids)
- ☐ Other biohazards (protein toxins, recombinant DNA, exposure to sewage)
- ☐ Sharps/ needles
- ☐ Human use experiments
- ☐ Animals
- ☐ Food for human consumption

### ☐ CHEMICAL

- ☐ Flammable, volatile or fuming material >5 gal.
- ☐ Toxic materials (acutely toxic, irritants/corrosives, systemic toxicants, toxic gases)
- ☐ Reactive materials (air/water sensitive, pyrophoric thermally, shock or friction sensitive, perchlorates)
- ☐ Pesticides
- ☐ Chemicals of "Special Concern" (beryllium, carcinogens, mutagens, fluorine, inter-halogen compounds, lead, asbestos, reproductive hazards, other)
- ☐ Hazardous chemicals, Not Otherwise Specified

### ☐ CONSTRUCTION/MAINTENANCE/ MECHANICAL EQUIPMENT/WORKING SURFACES

- ☐ Construction/demolition (excavations, shoring, underground utilities, asbestos removal, welding, work at heights)
- ☐ Safety system maintenance (deactivated alarms, interlock bypass)
- ☐ Cranes/hoists (critical lifts, high work on cranes)
- ☐ Powered industrial trucks (critical lifts)
- ☐ Machine tools/powder-actuated tools
- ☐ Moving large or heavy items
- ☐ Contaminated equipment (mercury, PCB, radioactive material, lead)
- ☐ Stressed mechanical systems
- ☐ Unusual equipment requiring special approvals (scuba diving, etc.)
- ☐ Walking/working surfaces/heights/falling objects

### ☐ ELECTRICAL

- ☐ Batteries (with short circuit >10 amps or >50 volts)
- ☐ Capacitors (>10 joules of electrical energy)
- ☐ Electrical power source (>140 volts or >30 amps or containing >10 joules of electrical energy, or systems with 3 or more sources of electrical power.)
- ☐ Energized electrical equipment (work on exposed, energized electrical equipment >50 Volts, 20 Amps, or an operation using portable equipment at other than ground potential)
- ☐ Static electricity
- ☐ Hi-Potential testing (>500 volts)

### ☐ EXPLOSIVES/FIREARMS

- ☐ High explosives, propellant, pyrotechnic or other similar energetic material
- ☐ Mock explosive
- ☐ Unstable material
- ☐ Firearms

### ☐ PRESSURE/NOISE/HAZARDOUS ATMOSPHERES

- ☐ Pressure vessels/ systems (low pressure system <1500 psig -liquid or <150 psig gas, pressure system >1500 psig -liquid or >150 psig gas, ≥100kj stored energy, vacuum systems, cryogenics)
- ☐ Noise (>85 dB)
- ☐ Confined spaces (high-hazard, low-hazard)
- ☐ Hazardous atmospheres (asphyxiants, hydrogen gas, oxygen deficiency, work requiring a respirator)

### ☐ WORKER CAPABILITY

- ☐ Lifting manually >30 pounds
- ☐ Work involving repetitive motion
- ☐ Computer use >4 hrs/day
- ☐ Hand tools
- ☐ Work with mechanical equipment
- ☐ Work alone
- ☐ Work after hours
- ☐ Work in remote locations
- ☐ Work involving individuals <18 years of age
- ☐ Work requiring specific unusual physical capabilities

**18. Associated Hazards—Environment, Safety & Health (cont'd.)**

☐ **IONIZING/NON-IONIZING RADIATION**

- ☐ Non-fissionable radioactive material (encapsulated, non-encapsulated)
- ☐ Fissionable radioactive material (encapsulated, non-encapsulated)
- ☐ Radiation-generating devices (RGD) (accelerator, x-ray machine, exempt RGD)
- ☐ Non-ionizing radiation –lasers/optical (Class 2-3a, 3b, 4, UV, visible light, infrared)
- ☐ Magnetic fields>3kHz
- ☐ Radio frequency/microwaves sources >3 kHz

☐ **TRANSPORTATION**

- ☐ Hazardous materials transportation
- ☐ Non-hazardous materials transportation (>routine operations)
- ☐ Use of vehicles (aircraft, auto/truck/ATV, boat)

☐ **WEATHER/TEMPERATURE**

- ☐ Weather exposure or temperature extremes (harsh weather, lightning, temperature extremes)

☐ **EMERGENCIES/EARTHQUAKES/FIRE**

- ☐ Emergencies (unique emergency response situations)
- ☐ Earthquakes (unique seismic safety issues)
- ☐ Fire (unique fire safety issues)

☐ **AIR**

- ☐ Discharge to air (air contaminates)

☐ **DISCHARGE TO WATER**

- ☐ Sanitary sewer/waste water (>routine use requirements)
- ☐ Storm water (>normal impacts)

☐ **ECOLOGICAL AND CULTURAL RESOURCES**

- ☐ Disturbance to existing structure or area (soils, drainage channel, arroyo, East Gate or Corral Hollow floodplain area, natural habitats, wetlands, undisturbed area)
- ☐ Disturbance to cultural resources

☐ **REMEDIATION AND MONITORING**

- ☐ Soil (possible impacts)
- ☐ Groundwater (possible impacts)
- ☐ Well drilling or other below ground activities
- ☐ Vegetation (possible impacts)

☐ **STORAGE TANKS**

- ☐ Retention tank
- ☐ Underground storage tanks

☐ **WASTE**

- ☐ Hazardous waste
- ☐ Radioactive waste (mixed waste, waste with no disposal option)
- ☐ Medical waste
- ☐ PCB waste
- ☐ Solid wastes (>routine quantities)

☐ **OTHER HAZARDS NOT LISTED**

- ☐ List Below:

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**19. Specific Hazards checked above: (chemicals, materials, isotopes, equipment, trenching, etc.):**

<p><b>20. Required ES&amp;H controls: (shielding, interlocks, barriers, gloves, emergency response, respirators, etc.) (See also 27)</b></p>
<p><b>21. Required medical certification/surveillance: (laser eye exam, hearing conservation, respirator, etc.)</b></p>
<p><b>22. Required or recommended ES&amp;H training:</b></p>
<p><b>23. ES&amp;H Professionals and others who provided assistance/guidance:</b></p>
<p><b>24. As the RESPONSIBLE INDIVIDUAL, I believe the proposed activity/change to an existing activity:</b></p> <p><input type="checkbox"/> Is a common laboratory activity or within the approved safety envelope and does not require any additional ES&amp;H review or procedure.</p> <p><input type="checkbox"/> Is adequately covered by our existing controls and documentation delineated below, which will be required reading for all individuals participating in this activity:</p> <p>_____</p> <p>_____</p> <p><input type="checkbox"/> May require additional ES&amp;H review and documentation</p> <p><input type="checkbox"/> Potentially increases or changes the hazard, requires or modifies a permit, increases hazardous waste, or modifies the potential environmental impact.</p> <p><input type="checkbox"/> Involves special and unusual activities or equipment not completely covered by our existing ES&amp;H review or documentation. See attachments (list).</p>

<b>25. As the RESPONSIBLE INDIVIDUAL, I have reviewed the hazards and agree to implement the controls identified in this IWS.</b>	
_____ <b>Responsible Individual signature</b>	_____ <b>Date</b>
<b>26. AUTHORIZING INDIVIDUAL'S work authorization level assessment:</b>  Work Authorization Level (circle):        2            3            4            5            6  Additional ES&H documentation needed:  <input type="checkbox"/> None <input type="checkbox"/> Hazard Assessment <input type="checkbox"/> SOP <input type="checkbox"/> Level C OSP <input type="checkbox"/> Level B OSP (offsite) <input type="checkbox"/> Level B OSP <input type="checkbox"/> Level A OSP <input type="checkbox"/> SAR/TSR/SAD/OSR/USQ/USI <input type="checkbox"/> Other (specify)	
<b>27. Additional requirements that need to be met before work can commence:</b>  <div style="height: 100px;"></div>	
<b>28. Record of Authorization for Work to Begin: IWS No. _____</b>  <input type="checkbox"/> The proposed work falls within the safety envelope of the facility/area and may commence once authorized.  <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;">         _____  <b>Facility Point of Contact Concurrence</b> </div> <div style="width: 45%;">         _____  <b>Date</b> </div> </div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div style="width: 45%;">         _____  <b>ES&amp;H Team Leader Concurrence</b> </div> <div style="width: 45%;">         _____  <b>Date</b> </div> </div>	
<input type="checkbox"/> The controls have been confirmed to be in place and this proposed activity is authorized to proceed.  <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;">         _____  <b>Authorizing Individual Approval</b> </div> <div style="width: 45%;">         _____  <b>Date</b> </div> </div>	

Send copies of this IWS to: the Responsible Individual, Facility Point of Contact, ES&H Team Leader, and payroll supervisors of the employees performing this work activity.

Form date 3/3/00

April 28, 2000